

Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use: 212	m

Statement of Committee Organization

1.	0.410.410.415			
	ote: 04/24/2015 Ope: New Managed (if amending, enter MEC ID 05/085 & section changed)			
_	Type: New Amended (if amending, enter MEC ID	& section	changed)	
2.	Committee Information Kees for Missouri Secretary of State			
	Name of Committee			
	3133 Flatboat Station Saint Charles MO 63	3301	(636) 578-8864	
	Committee Mailing Address, City, State, & Zip		Telephone Number	
	Smoot continues small Address	County Clerk or Board of Election Comm	nissioners	
	Committee Type: Campaign Candidate Contin	nuing (PAC) Debt Service E	xploratory Political Party	
3.	Treasurer/Deputy Treasurer Information	the second secon		
	Jeffrey C Kees			
	Treasurer's Name (First & Last) 3133 Flatboat Station Saint Charles MO 63301	1 , 636 , 578-8864		
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number	
			0	
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (option	onar)	
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Num	ber Dep. Treasurer's Work Telephone Number	
Į.	Additional Committee Information	-		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing	Address, City, State, & Zip	
	Connected Organization's Name (if any)	Connected Organization's Mailing Addre	ess, City, State, & Zip	
	CANDIDATES: Do you have more than one candidate comm	nittee? Yes (refer to instructions	on back) 🗸 No	
	Official Bank Account Information (required by all commit			
	. ,,			
	Candidate Supported or Opposed (candidate committees	must include self, if candidate)		
	Jeffrey C Kees 3133 Flatboat Station Saint Charles MO 63301 Name & Mailing Address, City, State & Zip of Candidate	1 (636) 578-8864 Telephone Number (Candidate Committe	()	
	11/08/2016 Secretary of State	Justice Party	Support	
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose	
7.	Ballot Measure Supported or Opposed (campaign committee	tees must complete this section)	p J	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
.	Signature(s) Check certification(s) & sign (required by all	committees)		
■ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.				
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, 18. A	Complited resource	Candidate (Candidate Committees Only)	MISSOURI ETHICS COMMISSION	

MO 300-1308 Packet (Rev. 11/2014)